Section 1 Digital Conne	ectivity Site Survey RICOH imagine. change.		
Company Name:	☐ IT Staff On-site ☐ IT Staff Outsourced ☐ No IT		
Address:			
City, State, Zip:	IT Contact:ext:		
Telephone:ext:	Email:		
Suite/ Floor/ Bldg:	Sales Rep.(first, last name):		
Main Contact Name:	Sales Manager (first, last name):		
Title:	Service Manager:		
Telephone:ext:			
Email:	Technician:		
	ent Proposed		
Proposed Model (s)Print controller Proposed:	(use complete model name, ex. MP3500, MP C3500, CL3500N) (Standard GW, Fiery, UC 6 Gold, etc)		
Print Drivers Proposed:			
Number of clients to setup: Number of Servers to \$	Setup:Will the Customer be installing this device? □Yes □ No		
Observation:			
To ensure a smooth network installation at the customer's site, the following information should be given to the Ricoh Service Tech prior to the installation or provided to the Tech at the time of installation. It is the customer's responsibility to get this			
	omputer Tech, Network Tech or Email provider.		
Section 3 DESIRED STATE:			
Manufacturer: Ricoh Model(s):	Do you have a Firewall? □Yes □ No		
Set Up: ☐ Print ☐ Fax ☐ Scan to Email	☐ Scan to Folder ☐ LAN Fax ☐ Wireless Connectivity		
Network Type: Windows Server Client: ☐ XP ☐ Windows 7: ☐ 32 Bit ☐ 64 Bit ☐ @Remote Appliance Installed			
☐ Macintosh OS:			
☐ Mainframe Type: ☐ UNIX ☐ LINUX ☐ DOS ☐ Other:			
□Hard Drive Surrender			
Current Unit Hard Drive Surrender included on Sales Order: Y / N (Charges will apply)			
NOTES: (Example: Would you like to maintain your current default settings on each device? If, yes please provide specifics.)			
Section 4 DENTING TO THE DEVICE included in ord			
PRINTING TO THE DEVICE - Included in Ord			
	Server OS:		
For more than one please fill out spread sheet.			
To more than one please hill out spread sheet.			
Section 5 SCAN TO EMAIL - include	ded in order □ Yes □ No □ N/A		
Domain Name :	SMTP Name or IP Address:		
User Name :			
For more than one please fill out spread sheet.			
SCAN TO FOLDER	- included in order □ Yes □ No □ N/A		
Folder Path:			
(IT is to create a shared folder with permissions at the Host PC or Server.)			
User Name: Passwor			
(IT to provide a 'User Name with write permissions to the folder with	a Password which never expires.)		
For more than one please fill out spread sheet			



***Scan to Folder will not work with any version of Windows "Home Edition"*

Section 7			
Space Requirements:			
□ 120V 15amp NEMA 5-15R	a.	Distance from rear wall	Ũ Û a
☐ 120V 20amp NEMA 5-20R	b.	inches Distance on left side	Machine Footprint
1. □ 220V 20amp NEMA 6-20R		inches.	(xinches)
□ □ 200V 15amp NEMA 6-20R	c.	Distance needed in front of inches.	
☐240V 30amp NEMA 6-30R		miches.	С
For Production Units (ex 8100 or C5100) Pow 208~240V, 50/60Hz, NEMA 6-20R, Must also pr			
 Networked environments require a live network connective workstations. Any Non-Standard Application Software may not allow software. Check with your Service Tech for specific coll for the operating environment (as outlined in this document customer will be charged for all labor incurred at the properties of the customer acknowledges to maintain a current backfor any loss data. Due to the variety of methods used to connect the developrovide the necessary interface cables at the time of the lit is the responsibility of the Customer IT staff to create Providing the information requested and completely fill 	responsibility the device impatibility. nent) change revailing rate kup of their rice to a con ne installation, configure	to utilize all of its features. For example: DOS es after the date of installation resulting in core. program and data files to restore any lost da enputer network interface cables are not includen. and manage the required network groups wh	with the installation and setup of up to S, UNIX and Mainframe application nectivity or product difficulties, the ta. Ricoh cannot be held responsible de. It is responsibility of the customer to nich will have access to the device.
Section 8			
ORDER #:			QUESTED: YES NO
Serial Number: Business hours: Open: Clo	se:	Lunch:	n sales order: 🗆 YES 🗆 NO
Training Request On:		Luncii	
□Print Feature Other Soluti			
□Copy Feature □ Fax Op □Scan Option □ Docume	tion ent Serve	r	
□User Codes/ Authentication			
Location for training/Department/floor:			
Contact:Ph Alt. Contact:Pl		ber: () e-mail: _ ber: () e-mail:	
Notes:			
Customer Name	Cu	stomer signature	Date
Ricoh Tech. Name	Tech. Signature Date		



Date

Tech. Manager Signature

Ricoh Tech. Manager Name